MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09801612	03/08/01
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
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7		/					57						
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41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	39	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	45						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENMENTS

FORM PTO-1360 (REV. 3-78)